

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90014 044 \*\*\*158.75

**DOCUMENT # P02000045658**

**1. Entity Name**  
**MATTRESS AND FURNITURE OUTLET INC.**



**Principal Place of Business**  
**219 LEE STREET**  
**OLDSMAR FL 34677**

**Mailing Address**  
**219 LEE STREET**  
**OLDSMAR FL 34677**



**2. Principal Place of Business**

**21923 US 19 N**

**3. Mailing Address**

**21923 US 19 N**

Suite, Apt., etc.

Suite, Apt., etc.

☐ CHECK HERE IF MAKING CHANGES

**City & State**

**CLEARWATER, FL**

**City & State**

**CLEARWATER, FL**

**4. FEI Number**

**04-3644797**

**Applied For**

**Not Applicable**

**Zip**

**33765**

**Country**

**U.S.A**

**Zip**

**33765**

**Country**

**USA**

**5. Certificate of Status Desired**

☒

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**G**  
**SAGNELLA, ALBERT M**  
**1402 OVERLEA DR**  
**DUNEDIN FL 34698**

**JUST NEW ADDRESS**

**7. Name and Address of New Registered Agent**

**Name**  
**ALBERT SAGNELLA**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**1239 OVERCASH DR**  
**City**  
**DUNEDIN** **FL** **Zip Code**  
**34698**

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** *Albert Sagnella*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/10/03**  
**DATE**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>D G</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>SAGNELLA, ALBERT M</b>	
<b>STREET ADDRESS</b>	<b>1402 OVERLEA DR</b>	
<b>CITY-ST-ZIP</b>	<b>DUNEDIN FL 34698</b>	
<b>TITLE</b>	<b>D</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>BISSETT, JIMMY-J</b>	
<b>STREET ADDRESS</b>	<b>219 LEE ST</b>	
<b>CITY-ST-ZIP</b>	<b>OLDSMAR FL 34677</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>SAGNELLA, ALBERT M</b>	
<b>STREET ADDRESS</b>	<b>1239 OVERCASH DR</b>	
<b>CITY-ST-ZIP</b>	<b>DUNEDIN, FL 34698</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Albert Sagnella*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4/10/03** **727-796-1952**  
**Date** **Daytime Phone #**

CR2E034 (10/02)